



## REQUEST FOR REASONABLE ACCOMMODATION

UNDER THE AMERICANS with DISABILITIES ACT (ADA)

Many accommodations are simple changes in procedures or one-on-one assistance to ensure that access is provided; curbside assistance, alternative format for communication, printing information in large font, etc. This form may be completed and returned directly to the Department providing the program or service so they may best serve you. The form may also be completed and returned to: St. Charles County Human Resources, ADA Coordinator, 201 N. Second, Room 519, St. Charles, MO 63301. For assistance in completing this form contact Human Resources, ADA Coordinator, at 636-949-7320, or [humanresources@sccmo.org](mailto:humanresources@sccmo.org).

**Please Print**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

1. \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ APPLICANT \_\_\_\_\_ CITIZEN
2. \_\_\_\_\_ Assistance with performing essential job functions, or \_\_\_\_\_ Assistance with testing and hiring procedures, or \_\_\_\_\_ Assistance with using or accessing services and programs provided by the County, or \_\_\_\_\_ Accessibility of facilities or buildings.
3. A. Title of Position: \_\_\_\_\_ (Applied for or Performing), **or**  
B. Identify the Program or Service: \_\_\_\_\_, **or**  
C. Identify the Building or Facility: \_\_\_\_\_
4. Department with Position or Service: \_\_\_\_\_
5. Describe your disability and based on your disability the assistance needed for Question 2.  
\_\_\_\_\_  
\_\_\_\_\_
- a. If you are requesting a very specific accommodation, how will that accommodation assist you?  
\_\_\_\_\_  
\_\_\_\_\_
- b. If you do not know what accommodation is needed do you have any suggestions as to what options we should explore? If yes, explain \_\_\_\_\_  
\_\_\_\_\_
- c. Is your accommodation request time sensitive? If yes, explain \_\_\_\_\_  
\_\_\_\_\_
- d. Have you had an accommodation in the past for your limitation? \_\_\_\_ YES \_\_\_\_ NO,  
If yes, what was it and how effective was it? \_\_\_\_\_  
\_\_\_\_\_
6. Any additional information that you believe would be helpful for the County in processing this request for accommodation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**EMPLOYEES ONLY:**

7. What specific job function, if any, are you having difficulty performing?

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8. What specific employment benefit, if any, are you having difficulty accessing? \_\_\_\_\_

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9. What limitation is interfering with your ability to perform your job or access employment benefits?

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**Employee Signature:** \_\_\_\_\_